

Case Number:	CM14-0005211		
Date Assigned:	01/24/2014	Date of Injury:	12/10/1999
Decision Date:	06/23/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52-year-old male who has submitted a claim for multilevel cervical disc degenerative disc disease with cervical spondylosis, lumbar degenerative disc disease associated with an industrial injury date of December 10, 1999. Medical records from 2011-2014 were reviewed, the latest of which dated February 17, 2014 revealed that the patient is having severe insomnia. He remained symptomatic with ongoing neck and low back pain. He has pain that radiated into the upper and lower extremities. The patient rates his pain at 8/10 with medications and 10/10 without. He has spasms, numbness, tingling and burning pain. He experiences headaches. He also experiences withdrawal symptoms like increase of anxiety, slight flu like symptoms, diffuse malaise and insomnia. The patient complains of chills and sweats. Currently, the patient is reporting a 20% improvement with pain control with current regimen. On physical examination, the patient appears to be uncomfortable. He appears to be in moderate to severe discomfort. On examination of the cervical spine, the patient has bilateral cervical spinous tenderness. There is palpable muscle spasm present. There is limitation in range of motion with flexion to approximately 30 degrees, extension to approximately 20 degrees, right rotation to approximately 50 degrees, and left rotation to approximately 40 degrees. There is hyperesthesia in the right thumb and radial hand. He has biceps and triceps weakness on the right as compared to the left. On examination of the lumbar spine, the patient has bilateral lumbar paraspinous tenderness. There is 1+ palpable muscle spasm present. He has a well-healed midline surgical scar. There is limitation in range of motion with flexion to approximately 50 degrees, extension to approximately 10 degrees, right lateral bending to approximately 20 degrees, and left lateral bending to approximately 20 degrees. There is hyperesthesia in the left L5 dermatomes bilaterally. Treatment to date has included lumbar anterior-posterior spinal fusion at L4-L5, TENS, physical therapy, epidural steroid injection, and medications which include Oxycontin,

Dilaudid, roxicodone, morphine ER, morphine IR, Clonazepam, Topamax, Soma, Omeprazole, Dulcolax, and Laxacin. The utilization review from January 8, 2014 denied the request for LAXACIN because the patient was actually reporting diarrhea in the clinical evaluation dated December 18, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LAXACIN: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/mtm/docusate-oral-rectal.html>.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Drugs.com was used instead. Docusate sodium (Laxacin) is a stool softener. It is used to treat or prevent constipation, and to reduce pain or rectal damage caused by hard stools or by straining during bowel movements. In this case, docusate was prescribed since December 19, 2012 for opioid-induced constipation; he is currently taking Morphine ER and Morphine IR. However, in the most recent clinical evaluation, the patient complained of diarrhea. The medical necessity for docusate sodium was not established. Therefore, the request for Laxacin is not medically necessary.